	190
ARIZONA STATE B	BOARD OF HEALTH State File No
I 1. PLACE OF BIRTH	TAL STATISTICS Registered No
STANDARD CERTI	IFICATE OF BIRTH
County / Vila State Wyona	
District or Township	
1 City Mani No. 3327 Jurkey Shoot St. Ward	
(If birth occurred in a hospital of institution, give its NAME instead of street and number) If child is not yet named, make Supplemental report, as directed.	
2. Full name of child	
Jewale births. Sex of Child To be answered UND 1. Turn, trace of Guith 10 of birth 12. 2-1930, Month Day Year	
8. FATHER	14. () MOTHER
Fuil name albredo Carillo	Full maiden name adela Olivas
9. Residence (Usual place of abode) Miami,	15. Residence (Usual place of abode) Muamu
If non-resident, give place and state. Wygowa.	If non-resident, give place and state. Wyona.
10. Color or race	16. Color or race
Mey. 11. Age at last birthd (Years)	MU. 17. Age at last birthday. / (Years)
12. Birthplace (city or place)	18. Birthplace (city or place) Miami
(State or country) Wyona.	(State or country) Wyouk.
13. Occupation	19. Occupation
	Nature of Industry
Nature of Industry Mult	11 stousewife
20. Number of children of this mother	
(Taken as of time of birth of child herein certified and including this child.) (c) Stillborn	
I hereby certify that I attended the birth of this child, who was form alive or dillers. A. m. on the date above stated.	
(asia 7) 34 m (c)	
or midwife, then the father, hou-cholder, ctc., should make this return. A stillborn	
child is one that neither breathes nor shows other evidence of life after birth. (Physician os-midwife.)	
Given name added from a supplement report Address Many Wy	
121 4/31 Month, day, year hay 12 30	
Filed 1990 Registrar.	